Highlights from this issue

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Removal of posteriorly dislocated lens fragments

Nakasato *et al* describe a new technique of removing dislocated nuclear fragments smaller than one-fourth the size of the lens nucleus through the sclerocorneal incision made for cataract surgery. An anterior vitreous cutter with a 27-gauge chandelier endoilluminator tied to its sleeve was inserted into the eye through the incision made for cataract surgery and used for core vitrectomy. A fragmatome with another 27-gauge chandelier endoilluminator fibre was used to grasp and move the larger dislocated nuclear fragments into the anterior chamber where they were divided and removed. In all eyes (6) a posterior chamber lens was implanted without major complications. (*see page 1058*).

Intravitreal injections for retinoblastoma

Munier *et al* describe a modified technique of intravitreal injection in 30 eyes (30 children) with retinoblastoma with a median follow-up of 13.5 months. Extraocular spread was not observed in any patients and tumour contamination of the entry sites was absent in histopathologically analysed eyes (5). Ocular side effects were not observed except transient localised vitreous haemorrhage (3/135). Their technique is potentially safe and effective at a low cost and may play a promising role in the treatment of recurrent retinoblastoma, as an alternative to enucleation or external beam radiotherapy. However, this treatment should not be used as primary treatment and performed without careful selection of a tumour-free injection site. (*see page 1084*).

Intravitreal chemotherapy for vitreal retinoblastoma

Munier *et al* report the short-term efficacy of intravitreal melphalan for vitreal

retinoblastoma using a new injection technique. In a retrospective analysis of consecutive heavily pretreated 23 eyes with vitreous seeding, a total of 122 intravitreal injections of melphalan (20–30 µg) were given every 7–10 days. Concomitant treatments were used for complete sterilisation of the source of the seeding. All retained eyes were in complete remission after a median follow-up period of 22 months (range 9–31 months). The Kaplan–Meier estimate of ocular survival rates at 2 years was 84%. All patients were alive without evidence of extraocular spread. Further studies are required to assess retinal toxicity and to better delineate role of intravitreal chemotherapy in the management of retinoblastoma. (*see page 1078*).

Subpigment epithelial structures in AMD related pigment epithelium detachment

Using OCT, Clemens *et al* investigated eyes with AMD-related PED for the presence of distinctive morphological features in the space between the detached RPE and inner Bruch's membrane. In 14 of 90 study eyes, highly reflective, multilayered, laminar structures, usually orientated parallel to Bruch's membrane were observed. Further studies are warranted to explore the correlation with other imaging modalities, to investigate the composition of this material, and to assess the potential prognostic relevance of the novel findings. (*see page 1088*).

Baerveldt shunts for glaucoma secondary to radiated anterior uveal melanoma

Sharkawi *et al* report outcome of Baerveldt shunts in 31 eyes with adequately treated anterior uveal melanoma and uncontrolled glaucoma secondary to

anterior segment proton beam radiation therapy. Mean interval from irradiation to shunt implantation was 2.5 years. Mean preoperative IOP was 31.0 (± 10.3) mm Hg; mean IOP at last visit was 15.0 (± 5.0) mm Hg. Surgical success rate was 86% with use of glaucoma medications. Local tumour recurrence or systemic metastases were not observed. (*see page 1104*).

Self-enucleation and untreated psychosis

Self-enucleation is a rare but serious ophthalmological and psychiatric emergency. It has traditionally been considered to be the result of psycho-sexual conflicts, including those arising from Freud's Oedipal complex and Christian religious teaching. However, an analysis of published case reports by Large and Nielssen suggests that self-enucleation is a result of psychotic illnesses such as schizophrenia. Early treatment with antipsychotic medication in the case of unilateral or threatened self-enucleation might prevent some cases of blindness. (*see page 1056*).

Bevacizumab for choroidal neovascularisation in pathological myopia

Gharbiya *et al* evaluated the long-term results and prognostic factors of intravitreal bevacizumab for myopic choroidal neovascularisation in 32 eyes (30 patients). Treatment consisted of three monthly 1.25 mg intravitreal bevacizumab injections. At 3 years, mean baseline BCVA had improved significantly from 30.1 (± 15.6) letters to 45.4 (± 13.0) with a better outcome in eyes with juxtafoveal CNV. Initial BCVA and age were the factors that correlated independently with BCVA outcome. (*see page 1068*).